SECRETARY OF THE ARMY
WASHINGTON

Over the past dozen years, the United States has lost far too many of its young men and women to the ravages of war. While casualties are a cruel fact of combat, advances in medicine and technology are helping more Soldiers, Sailors, Airmen and Marines survive their wounds than at any other time in our Nation's history.

Despite these life-saving advances, there is much we do not know and injuries we are still struggling to treat. Nowhere is this more evident than in our studies of traumatic brain injury and post-traumatic stress. For many Soldiers who have survived the wounds of battle, the struggle to rebuild their lives has just begun.

Over the past 12 years, well over a quarter-million service members have been diagnosed with TBI. Fifty-eight percent of them - over 172,000 - are members of the United States Army. Because the Army bears the brunt of these injuries, we have dedicated a tremendous amount of resources toward better diagnoses and treatment.

TBI is a profound injury among troops that deployed to Iraq and Afghanistan. Our research with the Veterans Administration and our TBI initiative with the National Football League are helping us learn more about treatment and long-term effects. Even though the Army has been studying brain injury since the late 1980s, we recognize there is more we still need to know to better understand and treat these injuries. We also know that a strong and concerted commitment to research and innovation from all sectors - public, private, the medical community and academia - will be critical for success.

There is evidence to suggest that even mild symptoms can possibly affect long-term brain health, and we need Soldiers and Veterans to know that we are not taking the current state of science, research or understanding for granted. We are working hard to understand the effects of concussion and its relationship to other brain conditions, so that we can best support our Soldiers and Veterans into their future productive lives.

Through education, research, diagnoses, and treatment, we will continue to make progress in learning how injuries and diseases affect the human brain. For the young men and women who survive a traumatic event - whether combat-related, a vehicular accident, or a sports injury - educating them about the risks is the first critical step. Immediate rest and treatment is the first defense in recovery and resilience. Continuing routine diagnosis and treatment is critical for long-term resilience and the development of even better, future cures.

John M. McHugh